



TOWN OF BUCKEYE BLDG. PERMIT APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

PERMIT # _____

DATE _____

PROJECT ADDRESS:

HOMEBUILDER:

APN (ASSESSOR'S PARCEL #)

MCR# PROJECT NAME OR SUBDIVISION AND PARCEL

BLOCK:

LOT:

APPLICANT: PLEASE USE BUSINESS NAME IF APPLICABLE

NAME:

PHONE:

FAX:

OWNER:

NAME:

PHONE:

FAX:

ADDRESS:

CITY, STATE, ZIP:

MOBILE:

CONTRACTOR:

NAME:

PHONE:

FAX:

ADDRESS:

CITY, STATE, ZIP:

MOBILE:

STATE LICENSE:

TYPE:

STATE RESALE TAX #

TOWN LICENSE#

SQUARE FT:

VALUE OF PROJECT:

ZONE:

SITE PLAN: Y/N

FIXTURE UNIT COUNT:

WATER METER SIZE:

UNIT

TYPE

#OF UNITS

FIRE SPRINKLER

Y/N

VALUE OF SPRINKLERS: _____

DESCRIPTION OF WORK TO BE DONE:

UTILITIES:

GAS:

ELECTRIC:

WATER:

SEWER:

SEPTIC:

HAZMAT

REQUIRED SETBACKS:

FRONT:

REAR:

LEFT:

RIGHT:

I AGREE THAT WORK WILL BE PERFORMED ACCORDING TO THE TOWN OF BUCKEYE DEVELOPMENT CODE:

OWNER/AGENT SIGNATURE:

CONTACT FOR COMMENTS:

NAME:

PHONE:

FAX:

TO BE COMPLETED BY THE
TOWN OF BUCKEYE

MCA CODE:

ISSUED BY:

DATE ISSUED:

COMPLETED:

FEE: